



NMHA News Release

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Barriers to Diagnoses for Common Mental Illnesses Could Prolong Suffering, According to New National Survey

– Over half of those diagnosed are not where they want to be on road to recovery –

ALEXANDRIA, VA (June 6, 2001) – Three commonly held views appear to hinder millions of Americans with clinical depression and/or generalized anxiety disorder from being diagnosed or treated, or from achieving an optimal treatment outcome, according to the National Mental Health Association's (NMHA) second annual "America's Mental Health Survey."

The findings from the survey, conducted by Roper Starch Worldwide Inc., a leading survey research firm, were announced today to kick off the NMHA Annual Meeting this week in Washington, D.C.

According to the survey, only 18 percent of all adult Americans who appear to have met the diagnostic criteria for clinical depression and/or generalized anxiety disorder at some point in their lives have ever received an official diagnosis or treatment for either condition. More than 19 million Americans are affected by depression with another 4 million affected by generalized anxiety disorder annually, according to the National Institute of Mental Health. The survey findings suggest that the following beliefs account for this gap between prevalence and diagnosis/treatment:

- *Symptoms are not associated with a disorder* - 93 percent of undiagnosed people do not associate their symptoms with a mental health disorder; at the same time, 44 percent of those undiagnosed say their symptoms cause significant emotional pain and restricted functioning in their daily lives.
- *Symptoms can be self-treated* - 44 percent of undiagnosed people who would not go to a health care professional believe their symptoms are self-manageable; rather than seek professional treatment, many utilize self-help techniques such as prayer (41 percent), rest (38 percent), exercise (37 percent), sleep (31 percent), or emotional support from family and friends (31 percent).
- *Diagnosis, itself, is stigmatized* - 42 percent of people with a formal diagnosis say they are

embarrassed or ashamed by their symptoms (compared to 17 percent of those undiagnosed), and twice as many people with a formal diagnosis (16 percent, compared to eight percent who are undiagnosed) say they're afraid to talk to their friends about their mental health problems. Further, only two out of every five people with a formal diagnosis believe their symptoms mean they have a mental health disorder.

"It's clear that we need to remove the stigma associated with the diagnosis of a mental illness, and educate *all* people about depression and generalized anxiety disorder so they can recognize symptoms and distinguish transient, circumstantial moods or feelings from a more serious mental health problem," says Michael Faenza, MSSW, president and CEO of NMHA. "Many people with symptoms of depression or anxiety disorders do not need treatment, and can benefit from a range of activities to improve their mental health, such as the basics of communicating, exercising, eating and sleeping right. However, when their feelings persist, worsen, or interfere with their daily lives, many people should seek treatment. We must help people recognize when it's time to seek professional help, and then, let them know that with care, their illness can – and should – remit."

Low expectations from treatment

The survey also showed that only slightly more than half (55 percent) of diagnosed people expect their treatment will provide even initial symptom relief. In addition, nearly 60 percent of those diagnosed are unaware of terms associated with the recovery process, including treatment *response* and the optimal treatment goal, *remission*. Only 40 percent understand that remission means the virtual elimination of symptoms to restore the patient to normal functioning. Of those who do understand its implication, 51 percent say they are not where they want to be in terms of their remission.

"As practitioners, we have a tremendous opportunity to both educate patients about treatment expectations and inspire hope that they can achieve response and, ideally, remission," says Norman Sussman, MD, Clinical Professor of Psychiatry at New York University. "Usually, people do well when they receive the correct treatment, whether it's an antidepressant, psychotherapy, or a combination of both. The goal is to involve people in their care and match them with the right treatment – a highly doable undertaking when both doctor and patient work together."

About the survey

America's Mental Health Survey 2001 was conducted by Roper Starch Worldwide Inc. during April 2001, and was sponsored by NMHA and underwritten by Wyeth-Ayerst Laboratories. Roper Starch completed telephone interviews with 3,239 adults age 18 and older about their awareness and understanding of clinical depression and generalized anxiety disorder, as well as their awareness of, and satisfaction with, available treatments, and their expectations of the results from treatment. A total of 1,319 interviews were conducted in depth: 999 respondents who appeared to meet the diagnostic criteria for clinical depression and/or generalized anxiety disorder and 320 who did not meet the criteria. Every seventh

adult who was asymptomatic of either illness was interviewed in depth. Of those who met the diagnostic criteria, 204 were doctor diagnosed with either illness and 795 were not.

The findings within each of the three population segments are projectable to their respective universe with a margin of sampling error of ± 3 percentage points for the largest segment and ± 7 points for the smallest segment.

About depression and generalized anxiety disorder

Clinical depression, which encompasses major depressive disorder, manic depression, and dysthymia, is one of the most common mental health disorders. Symptoms of depression include: persistent sad, anxious, or "empty" mood; feelings of guilt, hopelessness, or worthlessness; loss of pleasure and interest in activities once enjoyed; restlessness or irritability; difficulty concentrating; fatigue; and reduced appetite and weight loss, or increased appetite and weight gain. Depression can afflict anyone, regardless of age, gender, race, or ethnicity. It can complicate other medical conditions, and can even be serious enough to lead to suicide. Treatment for depression almost always is successful, but unfortunately, fewer than half who suffer from the condition seek help. Too many people resist treatment because they believe depression isn't serious, that they can treat it themselves, or that it is a personal weakness rather than an illness.

Generalized anxiety disorder, which affects women more often than men, is characterized by six months or more of chronic, exaggerated worry and tension that is unfounded or much more severe than the normal anxiety most people experience. People with generalized anxiety disorder usually expect the worst; they are unable to relax, and often worry excessively about money, health, family, or work, even when there are no signs of trouble. Many people with generalized anxiety disorder also have physical symptoms, such as fatigue, trembling, muscle tension, headaches, irritability, insomnia, or hot flashes.

About NMHA

The National Mental Health Association is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. With more than 340 affiliates nationwide, NMHA works to improve the mental health of all Americans through advocacy, education, research, and service.

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For more information, please contact:

National Mental Health Association Edelman Public Relations Worldwide

Patrick Cody

703/838-7528

Aimee White

212/642-7767